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MN APTA is always looking for new contributors to the MN Moving Forward Newsletter!

We would love to include your article about new research, PT in the news, initiatives at your clinic or school, success stories or member news. There are many ways to contribute and get involved. Feel free to contact Mary Weddle, Newsletter Editor, at mlweddle@stkate.edu with any question or ideas!
I had the opportunity to participate in and attend two payer panels and a provider coop meeting all within the same week. The perspective that can be gained by listening to payers and medical providers can change one’s own perspective on where physical therapists and physical therapist assistants need to go. It was a rare and valuable opportunity to hear directly from health plan executives, and medical providers about the reality of health care reform. The payers were consistent in their support of the benefits of and the opportunities awaiting physical therapists and assistants in health care reform. At the MN APTA Payment Reform session we all heard from multiple payers that physical therapists are not the problem, but rather, they have solutions for health care reform. At another payer panel the Director of Provider Contracting from one local payer used a local physical therapy organization as an example of an innovative pay for performance model. During this year’s legislative session we heard from a representative that “physical therapy is where health care reform is going.”

The perspective on health care reform of some independent medical specialty providers at the provider coop was not well aligned with the direction of reform. Even though we both provide health care services in Minnesota, our situations and perspectives can easily differ; therefore, we should only judge our own situation. While we see tremendous opportunity for physical therapists and assistants when our actions are guided by the “triple aim” (measurable quality, patient experience, lower costs), other providers think they have something to lose under health care reform. As an evolving profession during this time of change, we see opportunity while others see challenges. We are not one of the cost drivers and do not have the financial clout in health delivery when considering the total cost of care. In 2008, out of the $398 billion of paid claims by CMS, rehab services (PT, OT, SP) were $5.3 billion. Of that $5.3 billion, physical therapy is 73.8%, so we are the largest recipient of paid claims in the rehab world, which is a concern for CMS.

What does this mean? Stakeholders in health care (payers, patients, and legislators) consistently tell us we have much to offer during this time of reform. It occurs to me that we are not in the right position to benefit our patients and the health care...
and legislation is averse to optimize patient benefit and contain costs. Besides pointing the finger at external policies or regulations, our own culture within the profession can hold us back. We must position ourselves for change. One payer made it clear. In the area of musculoskeletal conditions (specifically spine) only 1% of patients directly access physical therapists. Compared to other conservative non-medical care providers, physical therapy is more expensive than others in the cost of the total episode of care. When isolating the cost of physical therapy services in the total episode of care we compare much more favorably. The payer’s point was that more spine care should be provided by physical therapists without a referral. He went on to say that physical therapists have the clinical skills, are evidence-based and driven by data in their practice. They have a clear vision and effective leadership skills but as a provider, physical therapists are not in the best

position on the care pathway. He couldn’t have written a better script for our members.

The good work we do for our patients and the value we provide to stakeholders in health care is widely recognized. I can’t think of a more opportune time to better position physical therapists and physical therapist assistants in the care pathway, no matter the setting, to bring the most benefit to our patients and stakeholders.

It is time for us to “Position for Change!”. Your membership, presence at meetings, engagement on committees and workgroups and financial support is the only way to make this happen. Many of you give so much of your time and energy to MN APTA, but we need everyone to be involved. We need everyone to bring a colleague to the next chapter meeting, continuing education course, conference, or any other chapter event.

MN APTA Adopts Health Care Reform Policy

By Craig Johnson, President MN APTA (APTA Member Since 1978)

At the annual members meeting on April 21, 2012, members present for the business meeting adopted a position statement on “The Role of Physical Therapists and Physical Therapist Assistants in Health Care Reform”. In the process for adoption of the statement, the chapter board of directors created a task force from the Health Care Reform Education Workgroup to craft a position statement and present it to the board for adoption and recommendation to members. Finally, the statement was presented to the membership at the annual business meeting for adoption. The task force members included physical therapists Joan Bohmert, Craig Johnson, Diana Nowatzki, Kathleen Picard, Erin Simunds, Patrick Tarnowski; Jessica Solberg, PTA; and Executive Director Tim Adams. Position statement, which can be seen on the next page, was adopted by the members.

Equally important were the business meeting reports to members from Treasurer, Dan Wolfe, PT; Legislative Chair, Kathleen Picard, PT; and Chief Delegate, Holly Clynch, PT.

The annual meeting is the one time during the year that members meet to review the previous year’s activities and vote on important matters of the membership. Don’t miss out on the opportunity to make history for the chapter and the profession in Minnesota by attending the annual meeting each year.

MN Moving Forward May | June
The Role of Physical Therapists and Physical Therapist Assistants in Health Care Reform

Believing that the health of Minnesota citizens is an asset to the state, the Minnesota Chapter of the American Physical Therapy Association (MN APTA) is committed to health promotion, prevention, and disease management. As health care moves from the disease model to a health promotion model, MN APTA, representing nearly 1,800 physical therapists and physical therapist assistants, is ready to participate in reform that is designed to improve care, access and value.

We believe that movement is fundamental to activity and exercise which are foundational for health promotion. As movement specialists, physical therapists provide services that promote function, optimize mobility, relieve pain, and prevent or limit permanent physical disabilities in consumers with injury or disease. Physical therapists promote, maintain, and restore overall fitness and health.

We believe that disability is NOT the unavoidable result of acute injury, disease and chronic conditions. As leaders in rehabilitation, physical therapists empower individuals with acute and chronic conditions to return to productive lives. Physical therapists are also key health care team members who lead prevention initiatives, including falls reduction programs or physical activity programs that mitigate chronic disease, such as diabetes. Physical therapists are experts in tailoring wellness programs designed to reduce secondary health conditions for individuals that have chronic conditions and/or disabilities.

MN APTA supports four guiding principles for health care reform.

Physical Therapy is an essential service – Physical Therapy, provided by the physical therapist or under his or her direction and supervision, must be an essential element of a standard benefit plan. Access to medically necessary services should not be arbitrarily limited by regulatory barriers.

Health promotion model – This model includes promotion of healthy behaviors and services that are focused on optimization of movement, physical activity and the prevention/mitigation of disability.

Delivery system reform – Reform requires the removal of barriers to access for conservative care. Research has demonstrated conservative care to be a cost-effective alternative for many individuals who currently undergo surgery, take costly prescription drugs, or use a variety of medical devices to treat movement problems. Reform also includes coordination of care and the inclusion of physical therapy as members of the health care team. Reform should result in improved care, a better patient experience, and lower overall cost.

Payment reform – Payment policy must be designed to protect access to medically necessary services and consumer choice. Payment policy must also further evidence-based services, effective care management, and the use of outcome measurement tools.
MN APTA Set to Launch Practice Community Forums

Paul Niemuth, PT, MN APTA Vice President for Professional Practice/Community Relations (APTA Member Since 1977)

MN APTA is excited to announce that we will be launching Practice Community Forums this fall! Members will be able to connect and talk with their peers simply by logging into the website. The practice communities will hold a wealth of information, including discussions regarding best clinical practices, literature reviews, highlights from clinical courses/meetings, and an opportunity to connect with or become a mentor. In discussions with members, we’ve heard that you are looking for more opportunities to connect with each other. Practice Community Forums will be an excellent way for you to connect with colleagues across the state between conferences and courses.

The development of a Practice Community Forum is part of the strategic plan adopted by the Board of Directors for 2012. Forums will represent almost every aspect of physical therapy practice, including academics, acute care, administration/management, cardiac/pulmonary, geriatrics, health and wellness, integument/wound care, medical disease, neurological, occupational medicine, orthopedic/sports, pediatrics, and pelvic floor dysfunction/women’s health.

As we near the final stages of development, MN APTA members are being recruited to serve as facilitators/moderators for each of the Practice Communities. We are also looking for members who are willing to help get the discussion going. If you are interested in playing a role in the development of these forums, please feel free to contact Paul Niemuth, MN APTA Vice President, at peniemuth@stkate.edu.

Be sure to stay tuned in to MN APTA this fall for more information about the Practice Community Forum kickoff. We are excited by what is happening behind the scenes, and can’t wait to share this opportunity with you.

Take Action!
Help build this new member benefit by emailing Paul Niemuth at peniemuth@stkate.edu
MN APTA Opens Dialogue with Minnesota Payers

By Craig Johnson, President MN APTA (APTA Member Since 1978)

The weekend of April 20-21, MN APTA held a Payment Reform presentation that included a Payer Panel during the Spring Conference. It was a rare and valuable opportunity for physical therapists and physical therapist assistants to hear about the reality of health care reform directly from health plan executives. Tom Marr, MD, Director of Clinic Relations HealthPartners, John Frederick, MD, VP and Chief Medical Officer PreferredOne, Jim Eppel, COO BCBS-MN, and Dave Elton, DC, Sr. VP Optum Health were consistent in their message that there is great opportunity for physical therapists who:

- Collect and achieve excellent patient outcomes
- Deliver Triple Aim value (measureable quality, patient experience, lower cost) and are willing to share risk
- Collaborate with other providers
- Find ways to partner with care systems/ACOs.

Prior to the Payer Panel, MN APTA members Craig Johnson PT, Kathleen Picard PT, and Erin Simunds PT presented on growing health care costs, payment literacy, and the effect of payment in various physical therapy practice settings. This session with the Payer Panel is a key start to the building of a relationship between MN APTA and health plan executives and policy makers. The chapter is planning follow up with the presenters and other high level policy makers to further this relationship.

The presentation at Spring Conference is part of the three part series on “The Role of Physical Therapists and Physical Therapist Assistants in Health Care Reform”. It began at Fall Conference 2011 with a presentation on health care legislation and its impact on physical therapy in different settings, with a focus on the Triple Aim. The next presentation, this Fall in Rochester will be on potential new roles and innovative delivery models of physical therapy services. Look for an announcement and details later this summer at the MN APTA website, www.mnapta.com.

Ligamentous Knee Injuries: Rehabilitation and Return to Sport

With Peter Bzdusek PT, ATC, Jason Lunden, DPT, PT, SCS and Jill Monson, PT, CSCS
September 22-23, 2012

This course will cover the full spectrum of ligamentous injuries to the tibiofemoral and patellofemoral joint including ACL, MCL, PCL, MPFL and posterolateral corner. The epidemiology of ligamentous injuries, including injury prevalence and mechanism, will be reviewed. We will explore the anatomy of the tibiofemoral and joint, joint biomechanics, and lower extremity kinematics. Within the context of this basic science, we will explore the pathomechanics that emerge as a result of ligamentous injury. We will instruct examination techniques for identifying ligamentous injuries at the knee joint in addition to identifying other associated impairments. The course will conclude with instruction on lower extremity performance testing, to be used as a tool for measuring patients’ return of function, assessing appropriateness for return to activity/sport, and for injury risk assessment. Learn more and register today at www.mnapta.org!
About 60 people participated in the “Hot Topics” session held Friday evening at the MN APTA Spring Conference. The focus of the round-table discussion was on the potential ramifications of several motions scheduled to be heard at this summer’s APTA House of Delegates. The topics addressed by these motions include:

- The use of support personnel beyond the PTA
- PTs as case managers with decreased patient/client interaction
- PTs having the ability to order lab tests and imaging
- Expectations for professionalism on personal Facebook pages
- Granting full access to “Hooked on Evidence” and other APTA databases to non-members and other health care providers

Two of the motions of particular interest to the assembled group – PTs, PTAs and students – were ones being brought forward by our Minnesota delegation that have to do with PTA education. One motion asks APTA to articulate a vision of PTA education in which the entry-level PTA degree awarded advances to a baccalaureate degree by 2030. The second motion charges APTA to work toward that eventual progression by teaming with other stakeholders to

- develop guidelines for a four year PTA curriculum (liberal arts and PT-specific coursework)
- provide assistance to those programs that need to partner with other degree-granting institutions to offer a four year degree
- develop models for potential AS to BS transitional PTA programs and
- provide guidelines for any practice act modifications that might be needed.

The sentiment of the group present at the discussion was overwhelmingly in favor of these two motions!

As valuable as the “Hot Topics” session appeared to be for those participants, it is even more important for your delegates since membership feedback on the motions coming to the House of Delegates is essential for us to appropriately represent your interests! The Minnesota representatives at the 2012 APTA House of Delegates will be physical therapists Holly Clynch (Chief Delegate), Craig Johnson (President,) Ken Jones, David Krause, Heather McCormick, Eva Norman, Ann Ryan, Lyndsey Vanderberg, and Denise Wise. Julie McDonald, PTA, will be our PTA Caucus Representative. We encourage you to view the full content of the motions mentioned above, along with the others that will be heard at the 2012 House of Delegates. They can be found on the APTA’s House of Delegates Community page under “Packet 1” at www.apta.org/communities/HOD. After reviewing the motions, contact any of us if you have questions, concerns or comments!

What Participants Had to Say

“I learned a lot about how what kinds of issues are discussed in the House of Delegates!”

“It’s exciting when other people seek out and value your opinion!”

“I hope this becomes a conference tradition!”

“It was a really engaging discussion!”
Moving PT Forward in Minnesota

By Nicholas M. Maiers, PT, Political Action Committee Chair (APTA Member Since 2007)

Thanks to everyone who attended this year’s MN APTA Spring Conference and contributed to the MN PT-PAC. The PAC was able to raise a record setting $3,000+ thanks to your generous donations. Your donations will be crucial in continuing to build relationships with state legislators who champion physical therapy legislative issues.

If you were in attendance for the membership meeting Saturday morning of Spring Conference, you heard me share some alarming statistics regarding PAC donations. For example, during the 2011 fundraising year the 900 chiropractors in the state of Minnesota contributed nearly $9000 toward their PAC; that’s on average $10 per provider. In contrast, in 2011 the 4200 PT/PTAs in the state contributed only $2400 which equates to roughly a little over $0.50 per provider. If you compare those two numbers you’ll quickly see that, on average, each chiropractor in the state contributed 20 times that of the average PT/PTA. Fortunately, if this year’s Spring Conference is any indicator, we as a profession are not satisfied with this outcome and we will continue to work hard to reverse this trend.

Now it is as important as ever to support our professional PAC. With the elections of the Minnesota House and Senate coming up in November it is vitally important that our voice is heard at the State Capitol. With the redistricting of the state, there is a unique opportunity to position ourselves in the political environment. A total of 30 incumbent representatives have been paired together and there will be 15 open seats with no incumbent. Also, since Minnesota Senate terms are not staggered, all sitting members will be on the ballot in November, meaning several friends of physical therapy may need our help.

Join your colleagues in the S.S. PorkChop, an inclusive suite, to watch the Saint Paul Saints on Sunday, August 12th with a PAC contribution of $75 or more. Register by emailing info@MNAPTA.ORG.
Perspectives on APTA Federal Advocacy Forum

By Kellen Feeney, SPT (APTA member since 2010)

On April 22nd, I traveled to Washington, D.C. with eight other Minnesotans, each of us representing a different district. The APTA Leadership and Federal Advocacy Forum brought together about 250 physical therapists and physical therapist assistants nationwide in order to learn about critical issues affecting our patients and physical therapy access. One of these issues was the Medicare Therapy Cap which puts a limit on the amount of outpatient physical therapy an individual can receive in one year. We also discussed the Student Loan Repayment Act in an effort to add physical therapists to the list of health care professionals that are able to have loans forgiven for working in underserved areas. The Traumatic Brain Injury (TBI) Act was the other piece of legislation we worked on that would reauthorize funds to go toward rehabilitation, education and other programs that support individuals with a TBI and their families.

The conference was a way to get connected with PTs and PTAs across the country, learn about the legislation affecting our profession, and most importantly to advocate on behalf of our patients. Prior to meeting with our congressmen and women, we had a day filled with speakers and a workshop to educate us on our country’s economic and political state and also what to expect from our legislators on these important matters.

Unfortunately we were not able to meet with our actual Senators and Representatives but their legislative assistants were available. Some of them were very receptive to our concerns and agreed to co-sponsor one or more of the bills; others were clearly not interested in hearing what we had to say. Despite this, it felt great to see so many people taking action and making a difference. Even though the conference is now over, I plan to carry forward what I learned in Washington, D.C. as I continue my role as an advocate for those individuals who need PT the most. Fighting for the health of our patients by educating our legislators is something every one of us can and should be doing. By meeting with your congressperson, talking with them on the phone, and encouraging others to do the same we can make a big difference. In the clinic, we have demonstrated the importance of physical therapy over and over by improving the quality of life of our patients, but we cannot stop there. More people need physical therapy now than ever before, but in order to provide the best service possible, we must step outside the clinic and make a change in the legislative arena.

By Dan Monroe, SPT (APTA Member Since 2010)

As physical therapy students we spend all of our time learning the therapeutic techniques and tests & measures that we will need to be good PTs when we begin our careers. What we don’t learn, or is not emphasized enough, is the...
tremendous power the federal government has over our profession. Physical therapy cannot gain more autonomy without regulatory changes from the top. Patients do not receive the care they need without changes to the reimbursement schedule. All of this requires legislators to make decisions based on their opinions and (sometimes loosely) on the knowledge they have of what physical therapists do and the care we provide.

While visiting with the staff of our Minnesota representatives and senators during the Federal Advocacy Forum, we saw firsthand how the knowledge base of the legislators’ staff members can impact our profession. As we presented our concerns, it became evident that the person with whom we were speaking, who is ultimately responsible for keeping the legislator informed, was unfamiliar with physical therapy, and therefore expressed little interest in our issues, asked no questions, and took no notes. Even one of the three keynote speakers admitted he does not know the difference between a PT and an OT. It opened my eyes to the public relations issue which may be at the root of why we must work so hard to have our issues understood. There are no physical therapists in Congress, and if we only speak with them for 15 minutes once a year, it is no wonder the legislators are so slow to support our concerns.

The keynote speakers at the Forum presented very interesting material, which I was somewhat surprised to hear. I expected to hear about how we should dance around certain issues, or about how to most effectively present our material. Instead we heard about other issues which Congress faces, and how that impacts our own issues. I knew that all issues are ultimately connected, but this information brought this point to the forefront. It helped me better understand how the legislators view our issues, and helped me visualize what problems they might see. Most of all it helped me see how our concerns might fit into the concerns of the nation as a whole, and how we should work not only at physical therapists and physical therapists assistants, but as citizens, to move our profession forward.

From the Office: Membership Survey, Intern and More

Here at the MN APTA Office, we spend a lot of time trying to make sure that you get the most out of your membership. Along with our dedicated volunteers, we strive to provide you with legislative advocacy, networking opportunities, and high quality continuing education courses and conferences. As we seek to serve you more efficiently and to add valuable services to enhance your membership in 2013, your thoughts and ideas will be invaluable. Please take the time to complete an all member survey at www.surveymonkey.com/s/MNAPTA. MN APTA is excited to introduce our newest team member, Jordan. A junior at the University of Minnesota, Jordan will be working as a marketing and communications intern with us this summer. She will be working to clean up and organize the website, improve our social media presence, and bring new marketing and branding ideas to the organization. Jordan has background in mass communications and public relations, and we are confident that she will be a valuable asset to MN APTA!

We hope that you are all having a happy and healthy summer! If you have any questions or ideas in light of the membership survey, please feel free to let us know by emailing info@mnapta.org. Thanks for supporting your professional association!
Background: Lung transplantation improves pulmonary function, however, recipients of lung transplants demonstrate limited exercise capacity (40-60% of predicted) up to one year following transplantation.

Clinical Question: Do recipients of lung transplants have more impairments in skeletal muscle compared to people with chronic obstructive pulmonary disease (COPD)?

Evidence: The study involved recipients of single lung transplants (n=6) and people with COPD (n=6), who were matched for age, sex and BMI. All subjects underwent lower extremity strength testing using a dynamometer, isometric endurance testing of the quadriceps and MRI to assess muscle size and composition. The results suggest quadriceps endurance tended to be lower in recipients of lung transplants compared to people with COPD (p=0.08). However, this result was not statistically significant since at least nine subjects per group would have been needed to show significance. No other significant differences were noted in muscle size, composition, or strength between the two groups. Limitations of the study included small sample size, as well as the subjects’ variation in time since transplant (14-84 months).

Clinical Decision: Recipients of lung transplants may demonstrate lower isometric quadriceps endurance compared to people with COPD. The impairments in muscle endurance may be attributed in part to the side-effects of immunosuppressant medications. Physical therapy interventions for people with COPD that improve muscle mass and strength, such as resistive exercise, may also be beneficial for recipients of lung transplants, however more specific research is needed in this area.


MN APTA is Coming to the Great Minnesota Get Together!
Volunteer for MN APTA’s booth at the state fair! This year’s theme will be the role of PTs in treating concussions. Visit www.mnapta.org to sign up.
Program Spotlight:

University of Minnesota- Proactive Initiatives Must Continue

This is the first in a series of articles highlighting Minnesota’s SPT and SPTA programs.

By Chad Morlock, SPT, University of Minnesota Class of 2013 (APTA Member since 2010)

The University of Minnesota’s DPT Program has taken many proactive steps to develop a renewed initiative of making the PT profession a stronger and more active profession. These efforts are spearheaded collectively by our students from all 3 classes and have focused on research, community, political and APTA involvement. Throughout the past year we have made great strides in advancing our profession and we hope these efforts will continue to be maintained by future classes as well.

Our Program has a very strong research component which is driven by both our students and faculty. Our research is regularly presented at state APTA conferences and the APTA Combined Sections Meeting. Our research has been a great tool and benefit for our students and has also contributed to the advancement of the PT profession as a whole.

As students, we take advantage of opportunities to become involved and improve the health of our communities and to represent to the public how PTs can make a positive difference in the community. These efforts include volunteering for events such as races, statewide and international community projects, or donating our time to undergraduate students who are pursuing PT by speaking to them in their classes.

On a legal and political level, we are continuing to learn how our profession needs support and advocacy in order to maintain its stability and to continue making advancements in the health care field. For example, having full participation in the Minnesota PT Day at the Capitol, in which students and PTs educate our representatives on current issues facing the PT profession. To complement this effort, many students have become Federal Key Contacts and have joined the PTeam, which provides PTeam members with up to date information on federal legislative issues and legislative activity on Capitol Hill. Two of our 2nd year students also took the opportunity to participate in APTA’s annual Federal Advocacy Forum in Washington DC in April 2012.

Another initiative we have taken is to directly support APTA. While this starts with a high membership rate for our Program, it has expanded this year to include the first MN PT-PAC Fundraising Challenge between all of the PT and PTA schools in Minnesota. The goal was to create student support and awareness for the MN PT-PAC. Students and faculty from our DPT Program are very proud of being the winners of this year’s challenge by contributing over $500. Our hope is that these efforts can create a renewed initiative for all PTs and PTAs in MN to support the growth of our profession and the APTA.

From our student’s perspective within the PT Program, there is an ongoing obstacle that needs to be continually conquered with each successive class in order for these strides towards a renewed initiative to continue to have meaning and be successful. Specifically, our momentum needs to continue by having each succeeding class not only maintain but advance these strides and initiatives. These professional responsibilities that we take on within our Program and as PTs, are significant and crucial to keep momentum going forward for the profession and for the University of MN.
The US Government released its National Prevention Strategy: America’s Plan for Better Health and Wellness in 2011. This program aims to “move the nation away from a health care system focused on sickness and disease to one focused on wellness and prevention”. Specific strategic directives of the government program include empowering people to make healthy choices, expanding quality preventive services, and building healthy and safe community environments. Physical therapy students at St. Catherine University have converted these directives into action in several inspiring ways.

PT Club Coordinator Kelsey Leeman, SPT, states “PTs need to be accountable for more than just rehabilitation. I think it is definitely our role to get involved in wellness, education, and prevention.” Under her direction and that of co-coordinator Sandy Silva, SPT, the PT club has been involved in several efforts to inspire and educate the St. Kate’s community to make healthier choices. These efforts have included educational bulletin boards and newsletters on campus and a St. Kate’s Wellness Challenge, in which participants were encouraged to set physical, social, and emotional wellness goals. The PT Club has also been promoting wellness in the larger metropolitan community. Fifteen St. Kate’s DPT and PTA students screened over 100 Special Olympics athletes for flexibility, balance, strength and aerobic fitness at a recent Special Olympics basketball tournament. Those athletes with impairments were given one-on-one education and an exercise booklet specifically designed to address their individual needs.

Physical therapist students are also dedicated to expanding quality preventive services through monthly shifts at a pro bono foot clinic. University of Minnesota and St. Catherine University DPT students who volunteer at the Indian Health Board Diabetic Foot Clinic provide thorough foot examinations and diabetic foot care education to those attending the clinic. This year’s St. Kate’s student volunteer coordinator, Kimberly Redlin, SPT, has expanded the examination to include reflex and vibration testing, and secured a Harris pressure point mat in order to improve patient education. Redlin feels the foot clinic has been an “educational, enriching experience for both patient and students”. She further elaborates “We have some patients who return frequently and love sharing their stories…. We have gotten a lot of feedback from patients saying how happy they are to see us and how much they appreciate the time we take to talk with them and examine their feet.”

Finally, two DPT students, Jessica Arechigo and Erin Poepping, have been working toward building a healthier St. Kate’s community environment by securing funding for standing desks in classrooms. The project was motivated by research describing the substantial negative health effects of prolonged sitting. The duo has applied for funding locally through the St. Kate’s graduate student advisory board and nationally to the Paul Ambrose Scholars Program. Their goal is to educate the St. Kate’s community on the potential risks of sitting all day and to ultimately place standing desks in every St. Kate’s classroom.
International Physical Therapy: A South American Perspective

By Brittany Dressler, SPT, Member of Government Affairs Committee and Redistricting Workgroup (APTA Member Since 2009)

Chest deep in water my last day at Fundación Hermano Miguel, I was ready to surprise a patient. As Franklen and I walked between the parallel bars I gave him a grin. Stepping into the stance for ginga, I asked if he was ready. We were going to play capoeira, a rhythmic Brazilian martial art, for his first time in over a year since his stroke. With a smile, he carefully stepped his right leg back and we started to ginga. I gave him tips to focus on his D2 extension pattern, coordinated arm sway and balance. Franklen’s face lit up. He remarked how it challenged exactly what he needed to work on, and he asked how often he could use the pool to train capoeira.

As a PT student in Ecuador, I taught physical therapists and students handling techniques, and gave in-services on topics such as the McKenzie method, manual therapy techniques, documentation, special tests and hydrotherapy. Adapting my treatment style, I was more nurturing to encourage home program compliance. Collaboration with the local clinicians was ongoing. From learning pediatric rehab, to patient education regarding malpractice, I worked closely with my Ecuadorian counterparts. At a basic PT center, the therapist and I discussed our perspectives on what constituted ideal therapy, and found many similarities. Then she shared how useless it felt with limited parent engagement and patients’ desires to have passive treatment.

I came to the difficult realization that the much needed serial casting or AFO’s for many of the kids with cerebral palsy was not realistic due to lack of finances. In Quito, I was involved in casting, creating, and fitting orthotics and prosthetics. One such prosthesis was designed for a gentleman who came from the northern coast who hoped to become active in his community once again. He had been homebound for 40 years. Although resolving all difficulties during my stay was not realistic, I was part of the progress.

The opportunity to grow as an international clinician and to progress practices in South American clinics were elements that brought me to the University of Minnesota for this very experience. I would encourage any therapist interested in a challenging adventure to connect with the World Confederation for Physical Therapy to work internationally, or a university abroad to be a guest lecturer to introduce change at the source. I, personally, cannot wait to see where I find myself once my career ‘officially’ begins.
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DSI Work Solutions, Inc.
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P: 218-625-1051 • F: 218-625-1052
www.dsiworksolutions.com

Susan J. Isernhagen, PT–siserhagen@dsiworksolutions.com
Dennis D. Isernhagen, PT–diserhagen@dsiworksolutions.com
Receive our free email newsletter & more info: sisernhagen@dsiworksolutions.com

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On June 3rd, the MN APTA New Professionals Workgroup of the Membership Committee hosted a New Professionals Paddleboarding Event. The event took place on Lake Phalen with a paddleboarding tutorial followed by a trip across the lake and even a paddle through the channel to Round Lake. The event concluded with a lakeside picnic. Participants included PT/PTA students, PTs/PTAs, and even prospective PT students. This is the first annual Spring New Professionals event of its kind. The New Professionals Workgroup is excited for its annual fall networking event this October. Watch the MN APTA website for more information!

Congratulations!

APTA honored Eva Norman, PT, with its 2012 Federal Legislative Award. The award is given to an individual who demonstrates outstanding leadership in federal legislative issues and promotes initiatives that preserve, protect, and advance the practice of physical therapy.

MN APTA honored Barb Wiegand, PT with the Marilyn Woods Longterm Service Award and Deb Sellheim, PT, and Jim Youdas, PT, with the Corinne Ellingham Outstanding Service Award at this year’s Spring Conference. MN APTA thanks all of the award recipients for their dedication to our profession.

The Foundation for Physical Therapy Board of Trustees recently awarded a total of $190,500 in Promotion of Doctoral Studies (PODS) Scholarships and a New Investigator Fellowship Training Initiative to 11 physical therapists. Congratulations to Jessica Cassidy, PT, of the University of Minnesota on receiving the 2012 PODS Scholarship.
What is your current setting?
I currently work in the acute care setting at the University of Minnesota Medical Center, Fairview. In addition to general medicine patients I have experience treating special patient populations including adult bone marrow transplant, solid organ transplant, cardiopulmonary rehab, neurological, and intensive care.

What are some of your special interests?
As a new graduate I am interested in pursuing many different avenues of physical therapy practice; currently I try to gain experience in as many areas of PT as possible to find what I am truly passionate about. I am very interested in the treatment of balance and vestibular disorders, but also hope to pursue more training in manual therapy during my career. I have also become certified in the Kinesio Taping method.

How are you involved with MN APTA?
I am involved in the continuing education committee. In past years I have also participated in the State Fair committee, and have volunteered at the state fair booth. I initially was introduced to the MN APTA as a member of the Student Special Interest Group (SSIG) and served as chair in 2010-11 as a DPT student.

Why are you a member of MN APTA?
I think that it is important to support our profession and stay involved. Participating in APTA is also a great way to network and meet other new graduates with similar interests.

What other hobbies or special interests do you have?
In my spare time I enjoy spending time participating in exercise, reading, and many outdoor activities.

Welcome New MN APTA Members
The MN APTA is a professionally stimulating association of over 1,750 members. MN APTA membership is an invaluable investment that will pay dividends throughout your future.

We welcome the following new members who joined APTA in March and April 2012!

Carrie Bender
Jason Brower
Lindsey Clark
Kayla Delage
Leslie Engdahl
Cindy Faerber
Abigail Gibson
Wendy Gohr
Jennifer Halvorsen
Ingrid Henning
Howard Hollischer
Michaelen Lake
Lindsey Mancuso
Jeremiah Peterson
Jeffrey Strauss
Toan Tran
Samantha Wegner
Erika Wikstrom
Michael Wilkes